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PTO/SB/21 (09-06)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/704,364
	Filing Date	November 2, 2000
	First Named Inventor	Joseph M. Iglesias et al.
	Art Unit	3772
	Examiner Name	Brown, Michael A.
Total Number of Pages in This Submission	Attorney Docket Number	IGLE3001/JJC

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) and Change of Correspondence Address
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BACON & THOMAS, PLLC		
Signature	/Justin J. Cassell, Reg. # 46,205/		
Printed name	JUSTIN J. CASSELL		
Date	December 22, 2006	Reg. No.	46,205

CERTIFICATE OF TRANSMISSION/MAILING			
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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/704,364
Filing Date	November 2, 2000
First Named Inventor	Joseph M. Iglesias et al.
Art Unit	3772
Examiner Name	Brown, Michael A.
Attorney Docket Number	IGLE3001/JJC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

23364

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

23364

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone			Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	/Tatjana Latinovic/		
Name	Tatjana Latinovic, Intellectual Property Manager, R&D at Ossur, hf		
Date	December 22, 2006	Telephone	011 354 515 1300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Application No.:	09/704,364	Examiner:	Brown, Michael A.
Filing Date:	November 2, 2000	Art Unit:	3772
First Inventor:	Joseph M. Iglesias	Customer No.:	23364
Attorney No.:	IGLE3001/JJC	Confirm. No.:	4745
For:	MOLDED ORTHOPAEDIC DEVICES		

Statement Under 37 CFR 3.73(b)

And

Change of Correspondence Address

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This document is being filed with a copy of a "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address" signed by the Assignee and sets forth the chain of title of the above-identified application.

Please recognize or change the correspondence address for the above-identified application to Customer No. 23364.

A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee is as follows:

1. From: Inventors To: Royce Medical Company

The document was recorded in the United States Patent and Trademark Office at Reel 014733 Frame 0207.

Application No.: 09/704,364

Art Unit: 3772

2. Össur hf is the successor to Royce Medical Company, and therefore has ownership of this application through the acquisition of Royce Medical Company by Össur hf.

The undersigned is an agent of Customer Number 23364 and is authorized to act on behalf of the assignee as provided in the attached copy of the "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address." All correspondence is to be directed to Customer No. 23364.

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Date: December 22, 2006

Respectfully submitted,

/Justin J. Cassell, Reg. # 46,205/

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